

LIMITED SOURCES JUSTIFICATION
ORDER >\$3,000
FAR PART 8.405-6(g)

Pharmacy: CareFusion (Pyxis) MedStations

2237 Transaction # or Vista Equipment Transaction #: 695-14-2-050-0328 (CareFusion)

This acquisition is conducted under the authority of the Multiple Award Schedule Program. The material or service listed in par. 3 below is sole source, therefore, consideration of the number of contractors required by FAR Subpart 8.4 – Federal Supply Schedules, is precluded for the reasons indicated below.

Restricted to the following source: Provide original manufacturer's name for material or contractor's name for service. (If a sole source manufacturer distributes via dealers, ALSO provide dealer information.)

Manufacturer/Contractor: CareFusion Corporation – VA FSS Contract V797P-4012B
Manufacturer/Contractor POC & phone number: Mark Wagner 847-867-0031
Mfr/Contractor Address: 3570 Torrey View Court, San Diego, CA 92121
Dealer/Rep address/phone number: Mark Wagner 847-867-0031

☒ The requested material or service represents the minimum requirements of the Government.

(1) AGENCY AND CONTRACTING ACTIVITY:

U.S. Department of Veterans Affairs
Great Lakes Acquisition Center
185 S 84th St, Suite 101
Milwaukee WI 53214-1476
VISN: 12

(2) NATURE AND/OR DESCRIPTION OF ACTION BEING APPROVED:

Request to award a firm-fixed price delivery/task order to CareFusion Corporation, VA FSS Contract V797P-4012B, for the lease of Pyxis® MedStations and Supply Stations at the Milwaukee VAMC for the period of 2/1/2014 – 5/31/2014.

(3) (a) A DESCRIPTION OF THE SUPPLIES OR SERVICES REQUIRED TO MEET THE AGENCY'S NEED:

The Milwaukee VAMC is presently leasing Pyxis® CCE Supply Stations and MedStations. The Pyxis® automated supply/Med dispensing system provide a cost-effective method of providing 24/7 dispensing at point of care. The contraction provides all necessary labor, management, skills, materials, etc. required to install, train and maintain these systems.

ESTIMATED DOLLAR VALUE: _____

(c) REQUIRED DELIVERY DATE: All equipment and software is currently being leased.

(4) IDENTIFICATION OF THE JUSTIFICATION RATIONALE (SEE FAR 8.405-6), AND IF APPLICABLE, A DEMONSTRATION OF THE PROPOSED CONTRACTOR'S UNIQUE QUALIFICATIONS TO PROVIDE THE REQUIRED SUPPLY OR SERVICE.

☒ Specific characteristics of the material or service that limit the availability to a sole source (unique features, function of the item, etc.). Describe in detail why only this suggested source can furnish the requirements to the exclusion of other sources.

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The contractor will retain ownership the existing Pyxis dispensing equipment and is responsible for all routine maintenance, service, parts and repairs. CareFusion Solutions, LLC is the only manufacturer and distributor of the Pyxis® Supply/Med dispensing equipment and currently does not have any distributors that provide main frame equipment and parts. CareFusion Solutions, LLC does not currently have any sub-contractors trained or certified to perform any of the service or maintenance of the Pyxis® dispensing equipment, nor does CareFusion Solutions, LLC have any intentions of sub-contracting out and of the service and maintenance at this time.

☒ A patent, copyright or proprietary data limits competition. The proprietary data is:
As the product manufacturer CareFusion Solutions, LLC holds proprietary rights over the Pyxis® software and hardware. This software and hardware is critical to ensure continued compatibility with the existing interfaces between the Inventory Management and Pharmacy dispensing units and the Veterans Health Information Systems and Technology Architecture (VistA) in which medical prescriptions and supply requirements are submitted and then directly transferred to the units for use. Although all competitive contractors have created interfaces proprietary to their own equipment their software would not interface directly with the existing Pyxis® equipment. If a different contractor was given this award at this time it would cause the government to incur the additional costs and time required to shut down the entire Pharmacy and Supply systems to allow for installation of new equipment and software.

☒ The material/service must be compatible in all aspects (form, fit and function) with existing systems presently installed/performing. Describe the equipment/function you have now and how the new item/service must coordinate, connect, or interface with the existing system.
As described above, the Pyxis® MedStations will include the usage and integration of leased equipment. The system currently in use is compatible with VistA and Windows 7 Operating System and will allow a direct transition into the Milwaukee automated Pharmacy dispensing systems.

(5) DESCRIBE WHY YOU BELIEVE THE ORDER REPRESENTS THE BEST VALUE CONSISTENT WITH FAR 8.4 TO AID THE CONTRACTING OFFICER IN MAKING THIS BEST VALUE DETERMINATION:

Due to the proprietary nature of the parts, components, firmware and software, the Medication Dispensing and Inventory Management system required is being provided in accordance previously negotiated prices under NAC V797P-4012B. The Contracting Officer will seek additional discounts if possible to include preventative maintenance service for all leased equipment.

(6) DESCRIBE THE MARKET RESEARCH CONDUCTED AMONG SCHEDULE HOLDERS AND THE RESULTS OR A STATEMENT OF THE REASON MARKET RESEARCH WAS NOT CONDUCTED:

A search of the Mandatory National Acquisition Center Medical Surgical Contracts was performed. Only one vendor, CareFusion Corporation – VA FSS Contract V797P-4012B, was found capable of satisfying agency needs and CareFusion is the only authorized distributor of this product. A search of GSA Advantage identified 27 contractors under category A-92 but from this number only 5 that provided any type of dispensing equipment. Although some of the software could be configured to function with the existing Pyxis® equipment, it would require the building of new interface programs. This would add cost and time and would cause a delay in providing the needed supplies/meds to treat the patients in the facilities. Therefore this would not be beneficial to the government.

(7) ANY OTHER FACTS SUPPORTING THE JUSTIFICATION:

See attached market research and vendor proprietary letter.

(8) A STATEMENT OF THE ACTIONS, IF ANY, THE AGENCY MAY TAKE TO REMOVE OR OVERCOME ANY BARRIERS THAT LED TO THE RESTRICTED CONSIDERATION BEFORE ANY SUBSEQUENT ACQUISITION FOR THE SUPPLIES OR SERVICES IS MADE:

It is anticipated that during FY14 a VISN-wide review of this equipment will be conducted and a decision made on how to proceed with the process. It will be determined if the equipment should be purchased or if a VISN-wide agreement should be put in place for leasing this type of equipment. Continued leasing of the existing equipment is the best option for FY14 to ensure that there will be minimal, if any, interruption to patient care.

(9) REQUIREMENTS CERTIFICATION: I certify that the requirement outlined in this justification is a Bona Fide Need of the Department of Veterans Affairs and that the supporting data under my cognizance, which are included in the justification, are accurate and complete to the best of my knowledge. I understand that processing of this limited sources justification restricts consideration of Federal Supply Schedule contractors to fewer than the number required by FAR Subpart 8.4. *(This signature is the requestor's supervisor, fund control point official, chief of service or someone with responsibility and accountability.)*

William B Stafford 200921
Digitally signed by William B Stafford 200921
 DN: cn=William B Stafford, o=Department of Veterans Affairs, ou=VA Medical Center, email=William.B.Stafford@va.gov, c=US

1/14/2014

SIGNATURE

DATE

William Stafford
 NAME

Associate Chief of Pharmacy
 TITLE

Pharmacy
 SERVICE LINE/SECTION

Clement J. Zablocki VA Medical Center
 FACILITY

(10) APPROVALS IN ACCORDANCE WITH FAR 8.405-6(d):

a. CONTRACTING OFFICER'S CERTIFICATION (required): I certify that the foregoing justification is accurate and complete to the best of my knowledge and belief.

CONTRACTING OFFICER'S SIGNATURE

DATE

Rose Birkholz
 Contracting Officer

Great Lakes Acquisition Center
 FACILITY

c. NCM/PCM/DESIGNEE: I certify that the foregoing justification is accurate and complete to the best of my knowledge and belief.

SIGNATURE

DATE

Christine Hansen
 VISN 12 NCM